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ABSTRACT

The National Guidelines for Comprehensive Sexuality Education were developed by a Sex Information and Education Council of the United States (SIECUS) task force made up of health, education, and sex education professionals. The group was tasked with formulating sex education concepts and guidelines within four developmental levels, from kindergarden through high school, to provide classroom teachers with a theoretical basis for daily programs, Following a discussion of the goals and values of sex education, the main body of the document focuses on six key concepts: human development (reproductive anatomy, reproduction, puberty, body image, and sexual identity); relationships (families, friendship, love, dating, marriage, and parenting); personal skill (decision making, communication, assertiveness, and negotiation); sexual behavior (masturbation, abstinence, human sexual response, fantasy, and sexual dysfunction); sexual health (abortion, sexually transmitted diseases, HIV infection, and reproductive health); and society and culture (gender roles, sexuality in the law and religion, and sexual diversity). Tables displaying key concepts and a topical outline are provided. (LL)

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GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

Kindergarten - 12th Grade

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National Guidelines Task Force

GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

National Guidelines Task Force

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ACKNOWLEDGMENTS

The National Guidelines for Sexuality Education were developed by a Task Force of leading health, education, and sexuality professionals. The Task Force members volunteered their time to participate in meetings, review documents, and offer feedback. The Task Force developed the concepts and subconcepts which represent the foundation of the guidelines. This material emerged as consensus beliefs of the Task Force. The guidelines could not have been prepared without their participation.

The format of the guidelines is modeled after the landmark School Health Education Study[1] (SHES) published in the late 1960s. The SHES developed an innovative approach of structuring health knowledge through the identification of broad health areas and related subconcepts. The generalizations were arranged in a hierarchy from kindergarten through grade twelve. It remains an excellent model for curriculum development in health and sexuality education.

William L. Yarber, Professor of Health Education at Indiana University and a member of the SIECUS Board of Directors, chaired the National Guidelines Task Force. Professor Yarber spent numerous hours developing the guidelines approach, chairing meetings, contributing content to the guidelines, and revising the document. This project could not have happened without his commitment.

Carol Hunter Geboy conducted much of the research for the guidelines content and developed the preliminary draft of the developmental messages. We are grateful for her important contributions.

Debra Haffner, SIECUS Executive Director, was the project director. The guidelines result from her vision to improve sexuality education. She provided direction, wisdom, and numerous hours developing the final version of the guidelines.

SIECUS Executive Assistant JoAnne Pereira coordinated project logistics, compiled the references, and reworked countless drafts. She played a vital role in developing this document.

The Carnegie Corporation of New York provided the funding for the national Task Force and the development of the guidelines. We are indebted to Gloria Primm Brown, Project Officer, for her commitment to the well-being of children and adolescents. The Carnegie Corporation is not responsible for the statements or views expressed in these guidelines.

These guidelines are dedicated to the memory of Mary Lee Tatum, a Task Force member, who died suddenly on June 1, 1991. She was an inspired trainer and educator, and champion of sexual information and sexual rights. We will miss her.

[1] School Health Education Study. *Health Education: A Conceptual Approach Curriculum Design.* Minnesota: 3M Education Press, 1967.

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FOREWORDS

Too many American teenagers face rising rates of morbidity associated with sexual ignorance, poor decision-making, and inadequate sexuality education. Over one million teenage women become pregnant each year. One in seven teenagers contracts a sexually transmitted disease annually. One in 500 U.S. college students is infected with HIV.

The need for sexual literacy among U.S. teenagers is acute. The Society for Adolescent Medicine has joined the National Coalition To Support Sexuality Education to assure that all children and youth receive comprehensive sexuality education. We are committed to education to improve the sexual health of our nation's young people.

These guidelines represent a seminal occurrence in the history of sexuality education in the U.S. The guidelines, carefully constructed by a National Task Force, provide the basis for a comprehensive kindergarten through 12th grade sexuality education program. The guidelines address all aspects of sexual health, including growth and development, relationships, interpersonal skills, sexual behaviors, and health promotion. They will provide an important foundation for any community seeking to develop or implement a comprehensive program. Our children's present and future health depends on it.

Robert Wm. Blum, M.D., Ph.D.
President
Society for Adolescent Medicine

A significant challenge facing educators and school policy-makers as the 21st century approaches is to assure that the youth of today will complete school prepared to be productive, responsible, caring and healthy people. Today, this means that schools must go beyond nurturing the intellect to address the holistic needs of children. Among those needs are the knowledge, attitudes and skills gained through a planned, sequential health education program that includes sexuality education designed to foster positive social and sexual behavior.

The Carnegie Corporation of New York has recognized the importance of sexuality education by funding the work of the National Task Force which has reached consensus on a set of national guidelines for sexuality education. These guidelines are not a national curriculum. Rather, they are a conceptual framework that can assist local school decision makers in planning new curriculum and assessing existing programs. Perhaps the most important use of the guidelines, however, will be as a catalyst for community discussion and determination of how sexuality education could be addressed in local schools.

The initial work has been done by the National Task Force. Now it is up to local communities, with the leadership of their school boards, to take the next steps.

Thomas A. Shannon, J.D.
Executive Director
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National Coalition to Support Sexuality Education ..... inside back cover

Introduction

Over 9 in 10 parents want their children to have it.

17 states require it and 30 others encourage it.

Over 50 national organizations believe that all children and youth should have it.

Yet, fewer than 10% of children in America receive it.

"It" is comprehensive school sexuality education. The reasons for the discrepancy between public desires and official policies and actual practice are varied. One major reason is the lack of broad based consensus on the program components. A thorough review of the professional literature indicates that there are no published national guidelines for comprehensive sexuality education. In fact, a recent study found that most teachers of sexuality education programs are creating their own curricular material, often without guidelines from the state or local school district.[2]

Several states have developed guidelines for school sexuality and HIV/AIDS education programs, although in most cases, these guidelines do not provide the foundation for truly comprehensive programs. Most sexuality and HIV/AIDS education programs in the U.S. do not begin until junior or senior high school. Most of the suggested state curricula focus on family life issues, such as relationships between family members, dating, gender role socialization, and child development. Few address sexual issues comprehensively. Although two-thirds of the curricula affirm that sexuality is a natural part of life, few provide information on the historical and cultural aspects of human sexuality, sexual values, attitudes, beliefs, sexual activities and functioning. Fewer than one in ten include any information on sexual behaviors. Almost half of the curricula have limited information about family planning. In fact, fewer than one in six of the state curricula provide young people with a comprehensive base of information and education.

HIV curricula are even less likely to deal openly and honestly with sexual topics. AIDS is generally presented as one more negative consequence of sexual behaviors. Although 85% of the state curricula discuss abstinence, only 9% present adequate information on safer sex. Only 12% supply any positive information about sexuality. And although 74% mention condom use, only 9% of those teach young people how to use or obtain condoms.[3]

Of course, there is no ideal curriculum that will meet the needs of every community in the United States. However, like other subject materials for school-based programs, there are key concepts and topics that should be presented to all children in a developmentally appropriate manner. This document, developed by a National Task Force, establishes national guidelines for comprehensive sexuality education, kindergarten through grade 12.

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[2] Donovan, P., *Risk and Responsibility: Teaching Sex Education in America's Schools Today*. New York: The Alan Guttmacher Institute, 1989, 5-6.

[3] de Mauro, D. "Sexuality Education 1990: A review of state sexuality and AIDS curricula", SIECUS Report, December 1989/January 1990, 18(2), 1-9.

THESE GUIDELINES ARE NOT A CURRICULUM OR A TEXTBOOK. The guidelines provide a framework to create a new program or improve existing programs. They provide a starting point for curriculum development at the local level, or may guide state policymakers and local school boards in evaluating existing or proposed programs. Classroom teachers may use them to provide a theoretical basis for daily programs. They can be used in teacher preparation or in-service education.

These guidelines present a comprehensive approach to sexuality education. The presentation of these issues is based on a carefully constructed, scoped and sequenced approach to the delivery of comprehensive sexuality education. Specific content have meaning only in the context of the total guidelines, and should not be used out of context to illustrate the guidelines.

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Sexuality Education: Goals and Values

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from (1) the cognitive domain, (2) the affective domain, and (3) the behavioral domain, including the skills to communicate effectively and make responsible decisions.

The primary goal of sexuality education is the promotion of sexual health. In 1975, the World Health Organization defined sexual health as "the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love...every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation."

Sexuality education seeks to assist children in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make decisions now and in the future. The life behaviors presented in Table 1 represent the desired outcomes of a sexuality education program.

These guidelines are based on four primary goals for sexuality education:

Information: To provide accurate information about human sexuality, including: growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS and other sexually transmitted diseases.

Attitudes, Values, and Insights: To provide an opportunity for young people to question, explore, and assess their sexual attitudes in order to develop their own values, increase self-esteem, develop insights concerning relationships with members of both genders, and understand their obligations and responsibilities to others.

Relationships and Interpersonal Skills: To help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create satisfying relationships. Sexuality education programs should prepare students to understand their sexuality effectively and creatively in adult roles. This would include helping young people develop the capacity for caring, supportive, non-coercive, and mutually pleasurable intimate and sexual relationships.

Responsibility: To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse, and encouraging the use of contraception and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually-related medical problems, including teenage pregnancies, sexually transmitted diseases including HIV infection, and sexual abuse.

Table 1. Life Behaviors of a Sexually Healthy Adult

The goal of a comprehensive sexuality education program is to facilitate sexual health. After learning the six key concepts and associated topics, subconcepts, and developmental messages, at an appropriate age the student will demonstrate certain life behaviors.

A sexually healthy adult will:

Human Development

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, that may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

Relationships

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and lifestyles.
- Exhibit skills that enhance personal relationships.

Personal Skills

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

Sexual Behavior

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are characterized by honesty, equity, and responsibility.

Sexual Health

- Use contraception effectively to avoid unintended pregnancy.
- Prevent sexual abuse.
- Act consistent with one's own values in dealing with an unintended pregnancy.
- Seek early prenatal care.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

Society and Culture

- Demonstrate tolerance for people with different sexual values and lifestyles.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

These guidelines are based on specific values related to human sexuality. The Task Force has developed these guidelines to be consistent with values that reflect the beliefs of most communities in a pluralistic society. Each community will need to review these values to be sure that the program is consistent with community norms and diversity.

Values inherent in the guidelines include:

- Sexuality is a natural and healthy part of living.
- All persons are sexual.
- Sexuality includes physical, ethical, spiritual, psychological, and emotional dimensions.
- Every person has dignity and self worth.
- Individuals express their sexuality in varied ways.
- In a pluralistic society like the United States, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.
- Sexual relationships should never be coercive or exploitative.
- All children should be loved and cared for.
- All sexual decisions have effects or consequences.
- All persons have the right and the obligation to make responsible sexual choices.
- Individuals and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.
- Young people explore their sexuality as a natural process of achieving sexual maturity.
- Premature involvement in sexual behaviors poses risks.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV.
- Young people who are involved in sexual relationships need access to information about health care services.

National Guidelines: Structure and Utilization

The guidelines answer several basic questions that educators, policy makers, and others must address when they design or evaluate a sound, comprehensive approach to sexuality education. For example:

- What key concepts should be taught in sexuality education?
- What are the components of each major concept?
- At what ages or developmental stages should specific information be taught?
- Does the existing program cover the appropriate content?

Development Process: SIECUS, the Sex Information and Education Council of the United States, convened a National Task Force of leading educators, health professionals, and national organization representatives in 1990. Task Force members, who are listed on the inside front cover of this document, included representatives from the U.S. Centers for Disease Control, the American Medical Association, the National School Boards Association, the National Education Association, the March of Dimes Birth Defects Foundation, the Planned Parenthood Federation of America, experienced school-based sexuality education teachers, and national program consultants and trainers.

The Task Force initially met in September 1990 to formulate the broad concepts of sexuality education, as well as specific subconcepts. Life behaviors and developmental messages for each concept were also generated. Each member reviewed the material during the subsequent months. In March 1991, the Task Force met, refined the initial document, and suggested further content. The guidelines were once again revised, disseminated to Task Force members for comments, and then finalized during the summer of 1991.

Guidelines Components: The guidelines provide an organizational framework of the knowledge of human sexuality and family living within four development levels from kindergarten through senior high school. The guidelines reflect an idealized model of a comprehensive approach to sexuality education.

The guidelines are organized into six key concepts. Each key concept has associated life behaviors, topics, subconcepts, and age-appropriate developmental messages.

Key Concepts: Six key concepts represent the most general knowledge about human sexuality and family living. The key concepts encompass the components of the broad definition of sexuality. Table 2 presents the six key concepts.

Life Behaviors: Several life behaviors, or those desired actions that represent outcomes of instruction, were generated for each key concept. The behaviors reflect optional actions of students either following instruction or during adulthood.

Topics: Each key concept has specific topic areas. A topical outline for a comprehensive sexuality education program can be generated by listing the key concepts with their associated topics. Table 3 presents such an outline.

Table 2. The Six Key Concepts in a Comprehensive Sexuality Education Program

Key Concept 1: Human Development
Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Key Concept 2: Relationships
Relationships play a central role throughout our lives.

Key Concept 3: Personal Skills
Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Key Concept 4: Sexual Behavior
Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Key Concept 5: Sexual Health
The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Key Concept 6: Society and Culture
Social and cultural environments shape the way individuals learn about and express their sexuality.

Subconcepts: Each key concept was further delineated into subconcepts connected to each specific topic.

Developmental Messages: The important content appropriate for different age groups was identified for each subconcept.

These developmental messages are defined at the level when they should *first* be discussed. A message cited for an early developmental level is not listed again. The guidelines assume all developmental messages, once introduced, will be reinforced repeatedly at different levels through classroom activities. This also means that if a program begins at an upper level, such as the middle school/junior high school level, the writers need to incorporate learning activities that either reinforce or introduce the previous developmental messages.

The levels reflect four stages of development:

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Implementation: The guidelines provide a framework for the development of new sexuality programs or for the evaluation of existing ones. Because they are national guidelines, the material can serve only as a "starting point" or comparison model for a local program and curriculum.

The characteristics of the local situation determine the exact content of the local curriculum. Community attitudes, developmental differences in children, local socioeconomic influences, parent expectations, student needs and expectations, and religious

Table 3. Key Concepts and Topics in a Comprehensive Sexuality Education Program

Key Concept 1: Human Development
- Reproductive Anatomy and Physiology
- Reproduction
- Puberty
- Body Image
- Sexual Identity and Orientation

Key Concept 2: Relationships
- Families
- Friendship
- Love
- Dating
- Marriage and Lifetime Commitments
- Parenting

Key Concept 3: Personal Skills
- Values
- Decision-making
- Communication
- Assertiveness
- Negotiation
- Finding Help

Key Concept 4: Sexual Behavior
- Sexuality Throughout Life
- Masturbation
- Shared Sexual Behavior
- Abstinence
- Human Sexual Response
- Fantasy
- Sexual Dysfunction

Key Concept 5: Sexual Health
- Contraception
- Abortion
- Sexually Transmitted Diseases and HIV Infection
- Sexual Abuse
- Reproductive Health

Key Concept 6: Society and Culture
- Sexuality and Society
- Gender Roles
- Sexuality and the Law
- Sexuality and Religion
- Diversity
- Sexuality and the Arts
- Sexuality and the Media

and other cultural perspectives must be paramount in the design of the local sexuality education program. These local factors influence, for example, whether a developmental message is placed at the developmental level suggested by the guidelines or at an earlier or later level.

Strategies to implement a sexuality education program are beyond the scope of this document. The reader is referred to SIECUS' publication, *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education*[4], for ideas and assistance to begin a new program.

Assumptions: There are several assumptions that underlie the guidelines:

(1) The National Task Force believes that sexuality education should be offered as part of an overall comprehensive health education program. Sexuality education can best address the broadest range of issues in the context of health promotion and disease prevention. Comprehensive health education programs should seek to integrate these guidelines into the overall health education initiative.

(2) Sexuality education should only be taught by specially trained teachers. Professionals responsible for sexuality education must receive specialized training in human sexuality, including the philosophy and methodology of sexuality education. Ideally teachers should graduate from academic courses or programs in schools of higher education that provide the professional with the most time-intensive and rich training. At a minimum, teachers should participate in extensive in-service courses, continuing education classes, or intensive seminars.

[4] Haffner, D. and de Mauro, D. *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education*, New York: SIECUS, 1991.

(3) The community must be involved in the development and implementation of the program. School-based education programs must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents, teachers, administrators, community and religious leaders, and students should all be involved.

(4) *All* children and youth will benefit from comprehensive sexuality education, regardless of gender, ethnicity, community, and disability. These guidelines form the basis of a program for young people in communities across the U.S. They must, of course, be adapted to reflect the specific issues and concerns of the community and its culture. They must also be adapted to the special needs of the learners.

(5) The Task Force strongly endorses the value of addressing all three learning domains — cognitive, affective, and behavioral — in the sexuality education program. Sexuality education programs are most effective when young people not only receive information, but have the opportunity to explore their own values and attitudes and develop or strengthen social skills.

A wide variety of classroom activities foster learning: lectures, role plays, simulations, individual and group research, field trips, and group exercises. The Task Force believes that local conditions largely influence the nature of the local program; therefore, it chose not to suggest how each subconcept and developmental message should be addressed by using the learning domain approach. Local educators need to determine the instructional strategies and classroom activities.

These guidelines are only a beginning. They represent the first national approach to specify information and comprehensive guidelines that will truly help the children of the 21st century become sexually healthy and happy adults.

If you need help in developing or implementing sexuality education programs, contact SIECUS for technical assistance. We would also like to hear from you if you adapt these guidelines for your community.

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Key Concept 1: HUMAN DEVELOPMENT

Human development is characterized by the interrelationship between physical, emotional, social and intellectual growth.

Human Development Life Behaviors:

Having learned the human development subconcepts, at the appropriate age the learner will be able to:

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

Topic 1: Reproductive Anatomy and Physiology

Subconcept: The human body has the capability to reproduce as well as to give and receive sexual pleasure.

Developmental Messages:

Level 1

Each body part has a correct name and a specific function.

A person's genitals, reproductive organs, and genes determine whether the person is male or female.

Boys and men have a penis, scrotum and testicles.

Girls and women have a vulva, clitoris, vagina, uterus, and ovaries.

Both girls and boys have body parts that feel good when touched.

Level 2

The maturation of external and internal reproductive organs occurs during puberty.

At puberty, boys begin to ejaculate and girls begin to menstruate.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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Level 3

The sexual response system differs from the reproductive system.

Some of the reproductive organs provide pleasure as well as reproductive capability.

Level 4

Sexual differentiation occurs early in prenatal development.

Chromosomes determine whether a developing fetus will be male or female.

For both sexes, hormones influence growth and development as well as sexual and reproductive function.

A woman's ability to reproduce ceases after menopause; a man can usually reproduce throughout his life.

Both men and women can experience sexual pleasure throughout their life.

Most people enjoy giving and receiving pleasure.

Topic 2: Reproduction

Subconcept: People have both the capability and the ability to choose to reproduce.

Developmental Messages:

Level 1

Reproduction requires both a man and a woman.

Men and women have reproductive organs that enable them to have a child.

Men and women have specific cells in their bodies that enable them to reproduce.

Not all men and women decide to have children.

When a woman is pregnant, the fetus grows inside her body in her uterus.

Babies usually come out of a woman's body through an opening called a vagina.

Some babies are born by an operation called a Caesarian Section.

Women have breasts that can provide milk for a baby.

Sexual intercourse occurs when a man and a woman place the penis inside the vagina.

Level 2

Sexual intercourse provides pleasure.

Whenever genital intercourse occurs, it is possible for the woman to become pregnant.

The union of a sperm and an egg is called conception or fertilization.

The fetus begins to develop at fertilization.

Sperm determine the sex of a baby.

There are ways to have genital intercourse without causing pregnancy.

Level 3

People should use contraception during sexual intercourse unless they want to have a child.

Conception is most likely to occur midway between a woman's menstrual periods.

It is difficult to predict ovulation accurately.

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Ovulation can occur any time during the month; therefore a woman may become pregnant at any time.

When a girl begins to menstruate, she can become pregnant.

When a boy produces sperm and can ejaculate, he can cause a pregnancy.

An important first sign of pregnancy is a missed menstrual period.

During pregnancy, the fetus develops during a nine-month cycle that ends at birth.

Level 4

Conception unites the genetic material of a man and a woman.

Menopause is when a woman's reproductive capacity ceases.

Some people are unable to reproduce due to physiological reasons.

Medical procedures can help some people with fertility problems.

People who cannot reproduce can choose to adopt children.

New reproductive technologies, such as artificial insemination, in vitro fertilization, and surrogate motherhood allow people with fertility problems to have children.

Topic 3: Puberty

Subconcept: Puberty is a universally experienced transition from childhood to adulthood that is characterized by physical changes.

Developmental Messages:

Level 1

Bodies change as children grow older.

People are able to have babies only after they have reached puberty.

Level 2

Puberty begins and ends at different ages for different people.

Most changes in puberty are similar for boys and girls.

Girls often begin pubertal changes before boys.

Early adolescents often feel uncomfortable, clumsy, and/or self-conscious because of the rapid changes in their bodies.

The sexual and reproductive systems mature during puberty.

During puberty, girls begin to ovulate and menstruate, and boys begin to produce sperm and ejaculate.

During puberty, many people begin to develop sexual and romantic feelings.

Level 3

Some people will not reach full puberty until their middle or late teens.

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Topic 4: Body Image

Subconcept: People's image of their bodies affect feelings and behaviors.

Developmental Messages:

Level 1

Individual bodies are different sizes, shapes and colors.

Male and female bodies are equally special.

Differences make us unique.

The way a body looks (skin color, hair, eye color, shape) is mainly determined by a person's parents and grandparents.

All bodies are special, including those that are disabled.

Good health habits, such as diet and exercise, can improve the way a person looks and feels.

Each person can be proud of the special qualities of his/her own body.

Level 2

A person's appearance is determined by heredity, environment, and health habits.

The media portray beautiful people but most people do not fit these images.

The value of a person is not determined by their appearance.

Level 3

Bodies grow and change during puberty.

The size and shape of the penis or breasts does not affect reproductive ability or the ability to be a good sexual partner.

The size and shape of a person's body may affect how others feel about and behave toward that person.

People with physical disabilities have the same feelings, needs, and desires as people without disabilities.

Level 4

Physical appearance is only one factor that attracts one person to another.

A person who accepts and feels good about his or her body will seem more likeable and attractive to others.

Physical attractiveness should not be a major factor in choosing friends or dating partners.

Topic 5: Sexual Identity and Orientation

Subconcept: As young people grow and develop, they begin to feel romantically and sexually attracted to other people.

Developmental Messages:

Level 1

Everyone is born a boy or a girl.

Boys and girls grow up to be men and women.

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Human beings experience different kinds of loving.

Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the other gender.

Some men and women are homosexual, which means they will be attracted to and fall in love with someone of the same gender.

Homosexuals are also known as gay men and lesbian women.

Level 2

Sexual orientation refers to whether a person is heterosexual, homosexual or bisexual.

A bisexual person is attracted to men and women.

It is not known why a person has a particular sexual orientation.

Homosexual, heterosexual, and bisexual people are alike except for their sexual attraction.

Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.

Some people are afraid to admit they are homosexual because they fear they will be mistreated.

Homosexual love relationships can be as fulfilling as heterosexual relationships.

Gay men and lesbians can form families by adopting children or having their own children.

Level 3

Theories about what determines sexual orientation include physical factors such as genetics and prenatal influences, socio-cultural influence, psychosocial factors, and a combination of all these factors.

Homosexual couples behave sexually in many of the same ways as heterosexual couples.

Many young people have brief sexual experiences (including fantasies and dreams) with the same gender, but they mainly feel attracted to the other gender.

Some young people have brief sexual experiences with the other gender but they mainly feel attracted to their own gender.

When a homosexual person accepts his/her sexual orientation, gains strength and pride as a gay or lesbian person, and tells others, it is known as "coming out".

"Coming out" can be difficult because people fear negative reactions.

It is common for people to feel some attraction to men and women.

A small percentage of people in every culture and society will be homosexual.

People do not choose their sexual orientation.

Sexual orientation cannot be changed by therapy or medicine.

It can be difficult to understand one's sexual orientation.

Gay men, lesbian women, and bisexuals can lead fulfilling lives.

Gay men and lesbian women can establish lifelong committed relationships.

Level 4

Sexual orientation is determined by a person's attractions, fantasies, and behavior.

One's understanding and identification of one's sexual orientation may change during life.

Teenagers who have questions about their sexual orientation should consult a trusted and knowledgeable adult.

Parents, teachers, guidance counselors, physicians, religious leaders, and gay and lesbian community centers may offer support for young people who have concerns about their sexual orientation.

The telephone number of the gay and lesbian switchboard is 1-212-777-1800.

Key Concept 2: RELATIONSHIPS

Relationships play a central role throughout our lives.

Relationships Life Behaviors:

Having learned the relationships subconcepts, at the appropriate age the learner will be able to:

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and lifestyles.
- Exhibit skills that enhance personal relationships.

Topic 1: Families

Subconcept: People are raised in families and most live in families as adults.

Developmental Messages:

Level 1

A family consists of two or more people who care for each other in many ways.

There are different kinds of families.

Children may live with one parent, two biological parents, two remarried parents, adoptive parents, grandparents, friends or other combinations of adults and children.

Every family member has a role and individual needs.

Individual families change over time.

Families have rules to help people live together and children develop.

Family members take care of each other.

All the members of a family may not live in the same place.

Family members can show love for each other in many ways.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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When a baby is born or a child is adopted into a family, some parts of life will change for family members.

Level 2

Family members have rights and responsibilities.

Adult family members usually decide the child's rights and responsibilities.

Families teach values to children.

Members of a family sometimes disagree but continue to love each other.

Families change when birth, adoption, divorce, separation, death, moving, or illness happens to family members.

Change in a family may make its members happy or sad.

Communication in families is important.

Raising a child is one of the most important jobs of a family.

People with disabilities can form families and children.

People in families can move away, but they are still members of that family.

Families play an important role in personality development.

Level 3

Family members are also individuals, each with a unique personality.

The responsibilities of family members may change as they grow older.

As children become more independent, they become more responsible for themselves and others.

Teenagers are beginning a process of developing independence and preparing to begin a family of their own.

Love, cooperation and mutual respect are necessary for good family functioning.

Family relationships may become difficult when the family structure is changed.

Families sometimes need counseling in order to function well.

Conflicts often occur between parents and children, especially during adolescence.

Adolescents begin to experience love with, and feel responsible for, people outside their immediate family.

Relationships between parents and children often change as children grow older.

Level 4

When a family crisis occurs, family members need to support each other.

One purpose of the family is to help its members reach their fullest potential.

Community agencies and health professionals can assist families with problems.

Many aspects of family life have changed during the past several decades.

Topic 2: Friendship

Subconcept: Friendships are important throughout life.

Developmental Messages:

Level 1

People can have many friends.

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There are different types of friends.

Friends spend time together and get to know each other well.

Friendship depends on honesty.

Friends can feel angry with each other.

Friends sometimes hurt each other's feelings.

Friends forgive each other.

Friends share feelings with each other.

Friends can help each other.

Friends can be either male or female.

Level 2

Friendships are necessary for most people to feel good about themselves.

Many skills are needed to begin, continue, and end friendships.

Level 3

Young people benefit from interacting with many friends of both g nders.

Group activities allow teenagers to learn about others without the awkwardness or embarrassment of dating.

Level 4

Friendships sometimes evolve into romantic relationships.

Topic 3: Love

Subconcept: Loving relationships of many types are important throughout life.

Developmental Messages:

Level 1

Love means having deep and warm feelings about oneself and others.

Love involves rewards and responsibilities.

There are many different types of love.

People express love differently to their parents, families, pets, and friends.

People experience loving relationships throughout their lives.

Level 2

There are many different ways to express love for another person.

Liking yourself enhances loving relationships.

People are capable of giving and receiving love.

Level 3

Love is not the same as sexual involvement or attraction.

The feelings of "falling in love" are different from those in a continuing relationship.

In a love relationship, people encourage each other to develop as individuals.

"First love" is often one of life's most intense experiences.

Love is a difficult concept to define.

It is sometimes difficult to know for sure if you're in love.

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Topic 4: Dating

Subconcept: Dating enables people to experience companionship and intimacy.

Developmental Messages:

Level 1

When two teenagers or unmarried adults spend their leisure time with one another, it is often called dating.

When children become teenagers, they spend more time with their friends and may begin to date.

Sometimes single parents date.

Level 2

Teenagers and adults often have several romantic relationships.

Before people commit themselves to a relationship, they should be friends, spend time together, and get to know one another well.

Level 3

Dating includes sharing recreational activities, learning about new things, and practicing social skills.

Parents usually decide the age when children can begin dating.

When couples spend a lot of time together alone, they are more likely to become sexually involved.

In some cultures, two unmarried people are allowed to spend time together only when accompanied by another person.

People date in different forms such as couple dating, double dating, and group dates.

People date for different reasons such as companionship, to share an experience with someone, friendship, and love.

Not all teenagers or adults date.

Readiness and interest in dating vary among individuals.

When dating involves expenses, either partner or both can pay.

Paying for a date does not entitle one to any type of sexual activity.

Gay and lesbian youth, like heterosexual youth, may or may not date.

Level 4

Dating can be a way to learn about other people, about romantic and sexual feelings and expression, and about what it is like to be in a love relationship.

There does not have to be prescribed gender roles for dating partners.

Dating relationships are enhanced by honesty and openness.

A dating partner can not meet all the needs of another person.

Responsibility for the quality of the relationship is shared by both dating partners.

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Topic 5: Marriage and Lifetime Commitments

Subconcept: Marriage is a legal commitment that two people make to share their lives and family responsibilities.

Developmental Messages:

Level 1

Two people decide to marry or make a lifetime commitment to each other because they love each other and want to share their lives together.

Most men and women will marry.

Some couples who love each other live together in the same home without getting married.

Many gay men and lesbian women live in lifetime committed relationships, even though they may not be recognized as married.

Most people who marry intend it to be a lifelong relationship.

People who are married may get divorced when they decide they do not want to live with each other anymore.

People can have children whether they are married or unmarried.

When parents divorce, children may live with one or both of them.

Divorce is usually difficult for parents and for children.

After a divorce, parents and children continue their lives in new ways and usually become happy again.

Level 2

In our country, people usually choose the person they want to marry.

In some cultures, parents choose the marriage partners for their children.

In the different cultures in the U.S., there are different values about marriage, divorce, living together, and parenthood.

Most married women and men work outside of the home, even after their children are born.

Children are not to blame for their parents' divorce.

Children are not able to get their separated or divorced parents back together regardless of how much they want it to happen.

Children dealing with separation or divorce may need to talk with an adult about their feelings.

Level 3

Marriage is a legal contract between two people and the state.

Marriage is considered a commitment by two people to love one another, live together, and help and support one another.

Committed partners must decide how to share the roles and responsibilities in their lives.

Divorce is the legal ending of a marriage.

In a divorce, decisions about the family, including custody of children and financial resources, may be decided by the couple or the legal system.

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In some religions, marriage is considered a lifelong commitment with divorce prohibited.

Teenagers who marry are more likely to divorce than couples who marry when they are older.

Two people who cohabit can have the same commitment and responsibility toward one another as married people.

Marriage and lifetime commitments require characteristics such as friendship, shared values, commitment, similar interests and goals, mutual support, and sexual attraction.

When couples marry, they decide if they want to have children and how many.

Level 4

Marriage and lifetime commitments require work.

Relationships may change with parenthood.

Love changes over the course of a marriage or other committed relationship.

When married/committed partners have difficulty in their relationship, they can seek counseling.

When a married couple divorces, there are several options for custody of young children.

When two people are contemplating marriage, they need to be realistic, honest with one another, and accepting of their partner as a person.

People's needs often change as they grow and as their family develops.

Topic 6: Parenting

Subconcept: Parenting children can be one of life's most rewarding responsibilities.

Developmental Messages:

Level 1

People who have or adopt children are responsible for taking care of them.

Most people want to be parents.

Parenting is an adult job.

Parenting can be a wonderful experience.

Parenting is a lot of work.

Parents who adopt children love their children as much as biological parents.

Level 2

Adults become parents in several ways.

People who decide to have children need to provide for them.

Children need a home, food, clothing, time, education, and adults to help them grow and develop.

Men and women have important parental responsibilities.

People need information and skills in order to be good parents.

People have different ideas about what makes a good parent.

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Parents sometimes may not be able to do a good job of parenting because they are having difficulties in their own lives.

Level 3

It can be difficult to balance job and parenting responsibilities.

It is rewarding to raise a happy child.

Children of different ages require different types of parenting.

Parenting methods vary among cultures, but all parents must provide for their children's development.

People and community agencies can help parents to be better parents or deal with problems.

It is extremely difficult to be a teenage parent.

For a teenager, parenting responsibilities can interrupt schooling, employment plans, social and family life.

The children of teenage parents often have more problems than the children of adults.

Teenagers can manage their parenting responsibilities with the support of their families and community services.

Level 4

Deciding not to be a parent may be difficult because of societal pressure to have and raise children.

Infants and children are dependent on their parents for their well-being and growth.

As children grow, the nature of the parent/child relationship changes.

Parenting a child with special needs can be especially rewarding and challenging.

Key Concept 3: PERSONAL SKILLS

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Personal Skills Life Behaviors:

Having learned the personal skills subconcepts, at the appropriate age the learner will be able to:

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

Topic 1: Values

Subconcept: Values guide our behavior and give purpose and direction to our lives.

Developmental Messages:

Level 1

Values are strong feelings or beliefs about important issues.

Individuals and families have different values.

Level 2

Values help people decide how to behave and interact with others.

Most parents want their children to develop values similar to their values.

Members of the same family may have different values.

Children receive most of their values from parents, other family members, community, cultural and religious teachings, and their peers.

Friends may have different values.

Level 3

Values should be freely chosen after the alternatives and their consequences are evaluated.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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Values are an important part of people's lives.

People who try to behave according to their values feel good about themselves.

A person who behaves contrary to his or her values may feel guilty or uncomfortable.

Values influence a person's most important decisions about friends, sexual relationships, parenting, education, work, and money.

Level 4

People who feel strongly about their values often share and affirm them publicly.

To behave according to one's values can be difficult but usually results in feelings of pride.

It is important to know the consequences of behaving according to or against one's values.

Relationships are usually stronger if the two people share similar values.

A parent teaches values to children by example.

Topic 2: Decision-making

Subconcept: Making responsible decisions about sexuality is important because those decisions can affect not only ourselves but others.

Developmental Messages:

Level 1

Everybody has to make decisions.

Small children make many decisions such as what clothes to wear, toys to play with, or who to have as friends.

All decisions have consequences.

Decision-making is a skill that can be improved.

Children need help from adults to make some decisions.

Level 2

To make a good decision means that one must consider all the possible consequences, good and bad, and choose the action that one believes will have the best outcome.

Individuals are responsible for the consequences of their decisions.

Decisions often have more options than seem obvious at first.

Friends often try to influence each other's decisions.

Many decisions affect other people.

Parents and other adults can help children with decisions.

People make decisions in different ways: by impulse, by making the same decision friends make, by putting off making a decision, by letting someone else decide, and by testing the choices.

Level 3

People should carefully evaluate the consequences, advantages and disadvantages of each possible choice when they make a major decision.

Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits on the relationship.

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To make wise decisions, people need information about each choice.

Once a decision is made, there may be barriers to implementing the decision.

Barriers to acting on a decision can often be overcome with careful planning.

Evaluating past decisions can help individuals learn from their experiences and not repeat mistakes.

The best decision is usually one that is consistent with one's values and does not involve risking one's health or breaking the law.

Decisions about sexuality are sometimes difficult because of sexual feelings and pressure from the partner and peers.

Decisions about sexuality can affect one's future health and life plans.

It is wise to establish sexual limits before one is in a sexual situation.

Teenagers who decide to have sexual intercourse must also decide about pregnancy and STD/HIV prevention.

Alcohol and other drugs often interfere with good decision-making.

Talking to a close friend, parent, or counselor during the decision-making process can be helpful.

Level 4

Teenagers and adults make decisions that result in positive and negative consequences.

Some decisions have legal implications.

Decisions about sexual relationships continue throughout life.

Topic 3: Communication

Subconcept: Communication includes sharing information, feelings, and attitudes with one another.

Developmental Messages:

Level 1

There are many different forms of communication including verbal, nonverbal, sign, and written.

Communication is necessary in human relationships.

Level 2

Sometimes when two people talk, they don't understand each other.

People often communicate their feelings with nonverbal messages.

Many of the disagreements in families and among friends occur because of poor communication.

People can learn to communicate more effectively.

Words related to sexuality that may be appropriate with friends may not be appropriate at school, home, or work.

Level 3

Communication requires careful listening and clear speaking by both people.

It is best to use messages that begin with "I" to indicate the person is speaking for himself/herself.

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Men and women in our society may communicate differently; this may cause miscommunication.

Communication can be improved by: (a) listening well, (b) making eye contact, (c) stating feelings, (d) trying to understand the other person's point of view, (e) offering possible solutions to problems, and (f) giving positive nonverbal messages such as a smile or touch.

There are other behaviors that impair communication such as (a) not listening, (b) yelling or talking loudly, (c) blaming, criticizing or name calling, (d) making the other person feel guilty, (e) giving negative nonverbal messages, such as frowning or scowling, and (f) interrupting.

Verbal and nonverbal communication do not always convey the same message.

Words can have different meanings depending on the person, gender, cultural background, and situation.

People are often uncomfortable discussing sexuality in an open manner.

Talking openly about sexuality becomes easier with practice.

Good communication about sexuality enhances relationships.

Level 4

Good communication is essential to personal and work relationships.

Communication can be enhanced by being sure that the other person's feelings and meanings are understood.

Communication about sexual feelings, desires, and limits improves sexual relationships.

Topic 4: Assertiveness

Subconcept: Assertiveness is communicating feelings and needs, while respecting the rights of others.

Developmental Messages:

Level 1

Everyone, including children, has rights.

It is alright to tell trusted people about one's feelings and needs.

Asking is the first step to having needs met.

Children sometimes have to do things they don't want to do because their parents say so.

Level 2

Being assertive means speaking up for what one wants or saying how one feels.

Assertiveness is a skill that can be learned and improved.

Assertiveness is different from aggressiveness; aggressiveness interferes with the rights of others.

Being assertive includes repeating one's position, taking the offensive, offering a compromise, refusing further discussion and walking away.

Being assertive does not ensure that people will always get what they want.

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Level 3

In the past, females in our society were taught not to be assertive.

Today, girls and women and boys and men can be assertive.

In some cultures, asking directly for what one wants is still considered impolite or inappropriate.

People have the right to (a) say how they feel even if others disagree, (b) refuse a request, and (c) expect to be treated fairly and not be intimidated.

Sometimes people must choose between actions they believe are best or their friends' actions.

Behaviors that help people be more assertive include: (a) being honest, (b) being direct, (c) being spontaneous, communicating feelings and needs as they come up instead of waiting, (d) using assertive body language, and (e) speaking for oneself, and (f) taking responsibility for one's feelings and needs.

Behavior that is viewed as aggressive in one culture may be viewed as assertive and appropriate in other cultures.

Being assertive in sexual situations may be especially difficult.

People always have the right to refuse any person's request for any type of sexual behavior.

Failure to be assertive may cause one to feel angry and, as a result, act aggressively at some future time.

Level 4

Sexual partners need to communicate clearly about their needs and limits.

Successful adults are often assertive in their personal and work relationships.

Topic 5: Negotiation

Subconcept: Negotiation allows people to solve a problem or resolve a conflict.

Developmental Messages:

Level 3

Negotiation is a way to get one's needs met without using guilt, anger, or intimidation.

Negotiation requires give and take on the part of both persons.

Negotiation works best when a problem or conflict is addressed in its early stages.

Good negotiation can enhance relationships.

There are many different negotiation techniques.

Effective negotiation requires certain skills, such as (a) careful observation of the other person, (b) use of positive body language, (c) good verbal communication, (d) imagining oneself in the other person's position, (e) identifying all the options in a situation, and (f) reaching a mutual agreement.

Level 4

Teenagers who date need to learn to negotiate decisions about sexual behaviors and limits.

Many relationship and sexual concerns can be resolved through negotiation.

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To negotiate, one must decide what trade-offs can be accepted and what issues cannot be compromised.

Topic 6: Finding Help

Subconcept: People with problems can seek help from family, friends, or a professional.

Developmental Messages:

Level 1

Friends and family members usually try to help one another.

If parents can't help, one could ask a friend's parent, teacher, clergy, or another trusted adult.

Level 2

Children may be able to help someone who has a problem.

Sometimes the best help comes from someone who is a good listener.

There are community agencies and people that can provide help.

Asking for help is usually a wise decision.

Problems with alcohol, drugs, money, violence, and abuse are examples of problems that some families face.

Sometimes things happen in families that require professional help.

Level 3

Teenagers sometimes need to talk with an adult other than their parents.

People who can help others include counselors, religious leaders, health/mental health practitioners, and teachers.

It is often difficult for people to admit they need help.

Some agencies provide services for teenagers that do not require parental permission, are confidential, and cost little or no money.

Most communities have a telephone crisis line so people can talk to someone about a problem. The local community crisis line telephone number is _____ (fill in).

Teenagers need to learn where they can go for help.

The local health department can usually refer people to agencies for help with specific problems and issues.

Before calling a community service, one needs to think about what questions to ask.

Level 4

There are times when professional help is necessary.

To seek professional help can be a sign of strength.

Sometimes people need to solve their problems themselves.

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Key Concept 4: SEXUAL BEHAVIOR

Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Sexual Behavior Life Behaviors:

Having learned the sexual behavior subconcepts, at the appropriate age the learner will be able to:

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are characterized by honesty, equity, and responsibility.

Topic 1: Sexuality Throughout Life

Subconcept: Sexuality is a natural and healthy part of life.

Developmental Messages:

Level 1

It feels good to touch parts of the body.

Most children are curious about their bodies.

Level 2

All people are sexual beings.

Children become more curious about their sexuality as they become older.

Exploring feelings about sexuality is common.

Children should be encouraged to talk to their parents and other trusted adults about sexuality.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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Level 3

Sexual feelings, fantasies, and desires are natural.

Sexual feelings, fantasies, and desires occur in all stages of life.

Sexuality is more rewarding and positive when expressed in a sharing, enhancing, and non-exploitative way.

Level 4

Healthy sexuality enhances total well-being.

Sexuality is one component of total well-being to be expressed in harmony with other life needs.

Sexuality is multifaceted; sexuality has biological, social, psychological, spiritual, ethical, and cultural dimensions.

Sexuality is an integral, joyful, and natural part of being human.

American society tends to equate sexual functioning with reproductive ability, especially for women.

The traditional gender roles about sexuality in our society are becoming more flexible.

Middle age may result in some changes in physiological sexual responses, but most men and women still desire sexual contact and remain orgasmic.

People who are sexually active in middle age have less decline in sexual expression as they age.

Elderly people who are sexually active and have intimate relationships are often happier than peers without those relationships.

Barriers to sexual fulfillment in later life are often more psychosocial than physical.

Topic 2: Masturbation

Subconcept: Masturbation is one way human beings express their sexuality.

Developmental Messages:

Level 1

Touching and rubbing one's own genitals is called masturbation.

Some boys and girls masturbate, others do not.

Masturbation should be done in a private place.

Level 2

Masturbation is often the first way a person experiences sexual pleasure.

Many boys and girls begin to masturbate for sexual pleasure during puberty.

Some boys and girls never masturbate.

Masturbation does not cause physical or mental harm.

Level 3

How often a person masturbates varies for every individual.

A person worried about masturbation might talk to a trusted adult.

Most people have masturbated at some time in their lives.

Masturbation, either alone or with a partner, is one way a person can enjoy and express their sexuality without risking pregnancy or an STD/HIV.

There are many negative myths about masturbation.

Some religious groups oppose masturbation.

A few boys engage in a very dangerous and sometimes fatal form of masturbation that involves limiting their air supply.

Level 4
People who are single, married, or in committed relationships may masturbate.

Masturbation may be an important part of a couple's sexual relationship.

Topic 3: Shared Sexual Behavior

Subconcept: Individuals express their sexuality with a partner in diverse ways.

Developmental Messages:

Level 1
Adults often kiss, hug, touch and engage in other sexual behavior with one another to show caring and to share sexual pleasure.

Level 2
Couples have different ways to share sexual pleasure with each other.

Being sexual with another person usually involves more than sexual intercourse.

Level 3
When two people express their sexual feelings together, they usually give and receive pleasure.

Sexual relationships are enhanced when a couple communicates with one another about what forms of sexual behavior they like or dislike.

A person has the right to refuse any sexual behavior.

Some sexual expressions are prohibited by law and disapproved of by certain religious and cultural groups.

People with disabilities have sexual feelings and the same need as all people for love, affection, and physical intimacy.

Level 4
For most people, sharing a sexual experience with a partner is the most satisfying way to express sexuality.

Couples and individuals need to decide how to express their sexual feelings.

Some common sexual behaviors shared by partners include kissing, touching, caressing, massage, sharing erotic literature or art, bathing/showering together, and oral, vaginal, or anal intercourse.

There are many sexual behaviors that are pleasurable that do not put an individual at risk of an unintended pregnancy or STD/HIV.

Individuals are responsible for their own sexual pleasure.

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Topic 4: Abstinence

Subconcept: Abstinence from sexual intercourse is the most effective method of preventing pregnancies and STD/HIV.

Developmental Messages:

Level 1

Intercourse is a pleasurable activity for most adults.

Level 2

Children are not ready for sexual intercourse.

Level 3

Young teenagers are usually not mature enough for a sexual relationship that includes intercourse.

Abstinence from sexual intercourse is the best method to prevent pregnancy and STD/HIV.

Teenagers who date need to discuss sexual limits with their dating partner.

People need to respect the sexual limits set by their partners.

There are many ways to give and receive sexual pleasure and not have intercourse.

Teenagers considering sexual intercourse should talk to a parent or other trusted adult about their decision, contraception, and disease prevention.

Most adults believe teenagers should not have sexual intercourse.

Some religions believe that sexual intercourse should only occur in marriage.

Abstinence from intercourse has benefits for teenagers.

Teenagers who have had sexual intercourse can choose to be abstinent.

Level 4

Many American teenagers have had sexual intercourse and many have not.

Sexual intercourse is not a way to achieve adulthood.

Teenagers in romantic relationships can express their sexual feelings without engaging in sexual intercourse.

Many adults experience periods of abstinence.

Topic 5: Human Sexual Response

Subconcept: Male and female bodies respond both similarly and differently to sexual stimulation.

Developmental Messages:

Level 1

Male and female bodies are more alike than different.

Both boys and girls may discover that their bodies feel good when touched.

Level 2

Human beings have a natural physical response to sexual stimulation.

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Boys and girls become capable of more complete response to sexual stimulation during adolescence and adulthood.

Level 3

Orgasm is an intense pleasurable release of sexual feeling or tension experienced at the peak of sexual arousal.

Men and women may be sexually aroused by thoughts, feelings, sights, smells, sounds and touches.

Sexual response is experienced differently by individuals.

Sexual response varies from experience to experience and throughout life.

Level 4

Most women need clitoral stimulation to reach orgasm.

Women often need more time than men to achieve orgasm with a partner.

Most couples do not experience simultaneous orgasm during sexual intercourse.

As two sexual partners become more familiar and more comfortable with each other, the nature of their sexual responses may change and may become more rewarding.

Men and women have the capacity to respond sexually throughout life.

Topic 6: Fantasy

Subconcept: Sexual fantasies are common.

Developmental Messages:

Level 3

Many people experience sexually erotic thoughts called fantasies.

Fantasies are one type of sexual expression.

People may fantasize while they are alone or with a partner.

Level 4

Some people use erotic photographs, movies or literature to enhance their sexual fantasies when alone or with a partner.

Some sexual fantasies involve mysterious or forbidden things.

Many people's sexual fantasies include behaviors not actually acted upon.

Sexual fantasies that involve harming oneself or another person should never be acted upon.

Topic 7: Sexual Dysfunction

Subconcept: Sexual dysfunction is the inability to express or enjoy sexuality.

Developmental Messages:

Level 3

The way a person feels about self and sexuality affects their ability to function sexually.

Some people have sexual concerns known as sexual dysfunctions.

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Level 4

Common sexual dysfunctions include lack of desire, inadequate lubrication, erectile difficulties, and difficulties attaining orgasm.

Most sexual dysfunctions can be treated through therapy with a specially trained professional.

What is perceived as sexual dysfunction varies among individuals.

Sexual dysfunctions may result from guilt, fear, anger, anxiety, medical problems, or relationship difficulties.

Some sexual dysfunctions may indicate undiagnosed medical problems.

For some couples, honest communication can solve sexual problems.

At one time or another, nearly everyone will experience a sexual concern or dysfunction.

A person concerned about sexual functioning can talk to a trusted adult or health professional.

Key Concept 5: SEXUAL HEALTH

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Sexual Health Life Behaviors:

Having learned the sexual health subconcepts, at the appropriate age the learner will be able to:

- Use contraception effectively to avoid unintended pregnancy.
- Prevent sexual abuse.
- Act consistent with one's own values in dealing with an unintended pregnancy.
- Seek early prenatal care.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

Topic 1: Contraception

Subconcept: Contraception enables people to have sexual intercourse without the fear of unintended pregnancy.

Developmental Messages:

Level 1

All children should be wanted.

Some people have children and others do not.

Each family can decide how many children to have, if any.

Level 2

When a man and woman want to have sexual intercourse without having a child, they can use contraception to prevent pregnancy.

Some religions teach that contraception is desirable; others do not approve of contraception.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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Decisions about having children are based on religious beliefs, cultural traditions, income, and personal wishes.

Level 3

There are several different methods of contraception.

Young people can buy some contraceptives in a drug store, grocery market, or convenience store without a doctor's prescription.

Some contraceptives require a visit to a health provider and a prescription.

Sterilization is a permanent method of contraception.

Abstinence, withdrawal, and natural family planning are methods of contraception that are always available and free.

Each contraceptive method has advantages and disadvantages.

Young people who are considering sexual intercourse should talk to a parent or another adult about their decision and contraception.

It is important to talk to one's partner about using contraception.

Individuals should take responsibility for contraception themselves if they are unable to talk about it with a partner.

There are ways a sexual partner can help with each method of contraception.

Some contraceptive methods can also help prevent the transmission of STD/HIV.

Methods of contraception that prevent pregnancy best, such as the pill, do not help prevent the transmission of STD/HIV.

Couples who want to avoid both pregnancy and STD/HIV can use a condom along with another effective contraceptive method.

Level 4

A person whose religious teachings prohibit contraception may have to decide between those teachings and the risk of unwanted pregnancy or STD/HIV and their decision to have intercourse.

When choosing a contraceptive method, people must weigh its advantages and disadvantages against the risk of pregnancy and/or STD/HIV.

People should choose a method that they will use effectively and consistently.

People can find creative and sensual ways of integrating contraception into their sexual relationship.

Topic 2: Abortion

Subconcept: When a woman becomes pregnant and chooses not to have a child, she has the option of having a legal abortion.

Developmental Messages:

Level 1

Sometimes women become pregnant when they are unable to care for a child.

A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, or place the baby for adoption, or have an abortion to end the pregnancy.

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Level 2

Abortion is legal in the United States.

Abortion must be performed by a physician or other licensed health provider.

A legal abortion is very safe.

A pregnant woman who does not want a child or an abortion, can place her baby for adoption when it is born.

Some people believe abortion is morally wrong; others believe a woman has a right to choose abortion.

Level 3

An early abortion can be done in a clinic, doctor's office, or hospital.

Most women report no problems after having an abortion.

People's beliefs about abortion are based on their religious, cultural, and family values.

Deciding whether or not to have an abortion is often difficult.

The right of a woman to have an abortion is guaranteed by the Supreme Court, although there are restrictions in some states.

Having an abortion rarely interferes with a woman's ability to become pregnant or give birth in the future.

No one can force a woman to have an abortion against her will.

Abortions are safest when performed in the first twelve weeks of a pregnancy.

After 24 weeks of pregnancy, an abortion is done only when the mother's life is in danger.

State laws vary on teenagers' right to an abortion.

The law regarding teenagers and abortion in this state is _____.
(fill in)

Teenagers with an unplanned pregnancy should talk with their parents, religious leaders, health providers, or other trusted adults.

Level 4

Abortion is not a method of contraception.

The right of a woman to have a legal abortion is being challenged in U.S. courts.

Men who are the sexual partners of women considering an abortion can express their feelings and desires.

Women have the legal right to make the final decision about whether or not to have an abortion.

Topic 3: Sexually Transmitted Diseases and HIV Infection

Subconcept: Sexually transmitted disease, including HIV infection, can be avoided by individual preventive behavior.

Developmental Messages:

Level 1

Sexually transmitted diseases and HIV are caused by small organisms such as bacteria and viruses.

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People who do not engage in certain behaviors do not get STD/HIV.

Children do not need to worry about becoming infected with HIV or STD.

A small number of children are born with HIV from an infected mother.

HIV and other sexually transmitted diseases are usually acquired by teenagers and adults during sexual behavior or intravenous drug use with an infected person.

A person cannot become infected with HIV by being around or touching someone who has AIDS.

Level 2

STD include diseases such as gonorrhea, syphilis, HIV infection, chlamydia, genital warts, and herpes.

To have AIDS means that HIV has done enough damage to the body that certain serious diseases have been acquired.

Level 3

STD cause serious damage to more U.S. teenagers than all other communicable diseases.

STD/HIV is most commonly passed during sexual contact, but can also be passed by sharing drug injection equipment, from an infected mother to her fetus in utero, during birth, and during breast-feeding.

STD/HIV organisms are usually found in the semen, vaginal fluids, and blood of an infected person.

STD/HIV can be passed during vaginal, oral, and anal intercourse.

STD/HIV can be transmitted even if the infected person does not have signs of infection.

Anyone, regardless of age or sexual orientation, can get STD/HIV if he or she practices high-risk behavior.

A person can have more than one STD at a time and can get an STD more than once.

HIV is not spread by casual, social, or family contact, by insects, or by donating blood.

Deep, open-mouth kissing has not been found to cause HIV infection.

One should discuss concerns about STD/HIV with any sexual partner.

Abstinence from sexual intercourse and not sharing drug injection equipment are the surest ways to avoid STD/HIV.

An uninfected couple can avoid STD/HIV by practicing mutual monogamy and not sharing drug injection equipment.

Sexual behavior such as masturbation and hugging that do not involve exposure to semen, vaginal fluids, or blood pose no risk for STD/HIV infection.

Proper use of latex, lubricated condoms with a tip, along with a spermicide, can greatly reduce, but not eliminate, the chance of getting STD/HIV.

One cannot determine who has STD/HIV by just looking at the person.

The only sure way to know if someone is infected with STD/HIV is from testing and a medical examination.

The symptoms of STD/HIV are sometimes hidden, absent, or unnoticed, especially in women.

The major symptoms of most STD include genital discharge, sores on the genitals, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.

The first symptoms of HIV infection are similar to common minor illnesses and include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, and night sweats.

It sometimes takes several years after becoming infected with HIV before symptoms of disease appear.

Teenagers who become infected with HIV will probably not develop AIDS until their 20s.

Persons suspecting an STD/HIV infection should stop having sexual intercourse and using drugs, promptly go to a doctor, and refer sexual partners to a doctor.

Public STD/HIV clinics, private doctors, family planning clinics, and hospitals are places for STD/HIV counseling and medical care.

Some communities have support groups for HIV-infected persons, persons with AIDS, and individuals having genital herpes.

Most STD can be cured with proper medical care.

There is no cure for HIV infection, AIDS, and genital herpes, although medications are now available which lessen symptoms and slow the development of the disease.

Professional counseling and support can be helpful for persons infected with STD/HIV.

Teenagers can get confidential testing and treatment for STD/HIV without parental consent.

Some health departments have anonymous testing for HIV infection.

Sexual partners can reinfect each other with an STD unless both get proper treatment.

Persons infected with STD/HIV should encourage their partner to seek medical care.

People who have an STD, HIV infection, or AIDS need the support of family and friends.

Persons infected with STD/HIV can lead satisfying and productive lives.

In this community, call _____ for STD/HIV information and medical services.
(fill in)

Level 4
One can help fight STD/HIV by serving as an accurate source of STD/HIV information, by being a responsible role model and promoting healthy peer norms.

Topic 4: Sexual Abuse

Subconcept: Sexual abuse can be prevented or stopped.

Developmental Messages:

Level 1
A person's body belongs to him or her.

Everyone, including children, has the right to tell others not to touch their body when they don't want to be touched.

There are good reasons for some adults to look at or touch children's bodies, such as a doctor examining a child or a parent giving a child a bath.

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No adult should touch a child's sexual parts except for health reasons.

Sexual abuse occurs when an older, stronger or more powerful person looks at or touches a child's genitals for no legitimate reason.

A person who is sexually abusing a child may tell the child to keep the behavior secret.

If unwanted or uncomfortable touching happens, the child should tell a trusted adult.

If a stranger tries to get a child to go with him/her, the child should leave quickly and tell a parent(s), teacher, neighbor, or other adult.

A child is never at fault if an adult touches him/her in a way that is wrong or uncomfortable.

Most adults and adolescents would never abuse children.

Both boys and girls can be sexually abused.

Level 2

Professionals at schools and in the community can help children who are sexually abused.

Sexual abuse is very common even though many people do not want to talk about it.

Sexual abuse is most often committed by someone known to the child.

Level 3

Teenagers can be sexually abused by adults.

Rape is a person forcing another person to have any type of intimate sexual contact.

Rape can occur with physical or psychological force.

The victim often knows the rapist.

Men can be raped.

People who are raped are never at fault for the rape.

Date rape is common.

It is never appropriate to force someone to have any kind of sexual behavior.

Rape is a crime.

A person who is raped must decide whether to report the attack to the police.

People can help protect themselves against the possibility of rape by learning self defense, assessing situations that may be dangerous, avoiding alcohol and other drugs that impair decision-making, and developing assertiveness skills.

Not all rapes can be prevented.

Level 4

An investigation of rape and the trial can be difficult experiences for the victim.

Special community resources can help a person recover from rape.

In many states, it is illegal to force one's spouse to have intercourse.

Victims of rape and sexual abuse should seek prompt medical attention.

Many sexual abusers were abused as children.

People who are sexually abused may suffer serious emotional difficulties and usually need support and treatment.

In this community, call _____ for sexual abuse and sexual assault information.
(fill in)

Topic 5: Reproductive Health

Subconcept: Men and women must care for their reproductive health to assure their future children's health and development.

Developmental Messages:

Level 1

Girls and boys need to care for their bodies during childhood and adolescence.

Like other body parts, the genitals need care.

A pregnant woman must take extra care of her health with exercise, good foods, and frequent visits to her health practitioner.

Smoking, drinking alcohol, and using other drugs can hurt a fetus before it is born.

Level 2

Drugs can affect one's future ability to have healthy children.

Birth defects may cause lifetime health or developmental problems.

Level 3

A girl should keep her genitals clean and healthy.

After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.

A boy should keep his genitals clean, healthy, and free from injury.

After a boy's genitals begin growing, he needs to begin to examine them regularly using the correct testicular self-examination procedure.

Drug use during adolescence can be especially dangerous to a boy or girl's future reproductive capability and the health of a fetus.

STD/HIV can result in fetal and infant damage or death.

Men and women should be examined for STD/HIV prior to conception.

When a woman decides to try to become pregnant or becomes pregnant, she should begin a program of routine prenatal care, follow guidelines for healthy prenatal nutrition, and avoid all drugs for the sake of her own health and that of the fetus.

If a woman suspects she is pregnant, she should consult a health practitioner.

Whether a woman decides to terminate the pregnancy or carry it to term, early discussions and care are important.

Childbirth is a natural process that is usually safe for the mother and the baby.

The father can help during labor and delivery.

Pregnant teenagers need special medical care and support.

Regardless of the mother's or father's age, health status, diet, or genetic background, some babies are born with medical problems or die in infancy.

Parents whose baby dies can get special counseling to help them manage their grief.

Some genetic disorders can cause birth defects.

Young men and women should find out if there are genetic disorders in their family.

Some genetic disorders are so serious that men and women who are carrying them often decide to adopt a child instead of risking having a baby with the disorder.

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Most major medical centers have genetic counselors who can help people with family genetic disorders make decisions about having children.

Level 4

Some women with serious diseases may decide not to continue a pregnancy because of the risk to the fetus or to themselves.

Couples with genetic disorders or infertility problems and desire to have children have several medical options.

Pregnant women and their partners can consider many options for delivering a baby.

Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive systems and the precautions necessary to avoid the hazards.

Miscarriages may result from a maternal infection but most often occur because of genetic abnormalities in the fetus.

Women and couples who unsuccessfully attempt to become pregnant can seek infertility counseling, diagnosis, and treatment.

Key Concept 6: SOCIETY AND CULTURE

Social and cultural environments shape the way individuals learn about and express their sexuality.

Society and Culture Life Behaviors:

Having learned the society and culture subconcepts, at the appropriate age the learner will be able to:

- Demonstrate tolerance for people with different sexual values and lifestyles.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media and societal messages on one's thoughts, feelings, values and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

Topic 1: Sexuality and Society

Subconcept: Society influences what people believe and how they feel about sexuality.

Developmental Messages:

Level 3

Every culture communicates norms and taboos about sexuality.

In the U.S., there are people from many different cultural backgrounds and a wide range of views about sexuality.

In a pluralistic society like the U.S. the individual's right to hold different opinions is valued.

American societal messages about sexuality are often confusing and contradictory.

Individuals need to examine messages received from different sources and establish guidelines for their own behavior.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

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Level 4

In most high schools, there are unwritten norms about sexuality for teenagers.

It is important to understand the diversity of views about sexuality.

Because of the wide range of sexual values and beliefs, people need to communicate their views to their friends and partners in order to negotiate behaviors that are acceptable.

Topic 2: Gender Roles

Subconcept: Cultures teach what it is to be a man or a woman.

Developmental Messages:

Level 1

Everyone is born male or female.

Boys and girls grow up to be men and women.

There are no jobs that are only for boys or only for girls.

Both mothers and fathers have important roles as parents.

Boys and girls have many similarities and a few differences.

It is a stereotype to think that all boys or all girls are or should be alike.

Almost all adult jobs and careers are open to men and women.

Level 2

Boys and girls share equal talents, characteristics, strengths, and hopes for their future.

Individuals have different talents, strengths, and hopes for their future.

Boys and girls receive messages about how they should behave from their family, friends, the media, and society.

People often expect boys and girls to behave stereotypically.

Girls and boys can be friends and respect each other.

Sometimes girls and women receive unequal or negative treatment because they are female.

Sometimes boys and men receive unequal or negative treatment because they are male.

Certain laws and rules protect women's and men's rights.

Level 3

Attitudes about proper behaviors for men and women differ among families, cultures, and individuals.

Accepting gender role stereotypes can limit a person's life.

Young women should be given the same opportunities as young men.

Young men should be given the same opportunities as young women.

Laws protect a young woman's or young man's right to participate equally in athletic activities.

Both boys and girls can begin to show they would like to date a person.

In some places, there is a double standard about sexual practices.

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Level 4

Individuals can make their own choices about appropriate roles for themselves as men and women.

Gender role stereotypes are harmful to both men and women.

Some people are still denied equal treatment on the basis of gender even though laws prohibit this.

Gender role stereotypes can lead to such problems as low aspirations, low paying jobs, date rape, and stress-related illnesses.

Topic 3: Sexuality and the Law

Subconcept: Certain laws govern sexual and reproductive rights.

Developmental Messages:

Level 3

The Supreme Court has ruled that people have the right to make personal decisions concerning abortion, sterilization, contraception, and other reproductive matters.

Some states have passed laws that restrict abortion; they require parental notification and/or consent for a minor to have an abortion.

All states, except Utah, allow minors to obtain contraception without parental consent.

There are state laws concerning the age of consent for sexual behavior.

The law in this state concerning the age of consent is _____ (fill in).

Incest, or sexual activity between family members, is illegal in all states.

Level 4

About half of the states have laws that protect any sexual behaviors between consenting adult partners.

About half of the states have laws that restrict some types of sexual behaviors.

Public nuisance behavior, such as exhibitionism and voyeurism, are viewed as unlawful acts in most states.

Prostitution is illegal in all states except Nevada.

Obscene materials are defined as those that violate community standards of decency without having any social, political, artistic, or scientific merit.

People have different viewpoints on what is obscene.

Child pornography is illegal.

Laws are currently being developed to govern new reproductive technologies.

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Topic 4: Sexuality and Religion

Subconcept: Religious views about sexuality affect people's sexual attitudes.

Developmental Messages:

Level 1

Religions teach people how to behave, to love each other, not to hurt others, and what is right or wrong.

Some families go to a church, mosque, or synagogue to worship; some families do not.

Different religions may teach similar or different values.

Level 2

Many religions teach that sexual intercourse should occur only in marriage.

Level 3

Views about sexuality and sexual behavior are culturally determined.

All world religions have views about sexuality and its place in the human experience.

Many religions today acknowledge that human beings were created to be sexual beings, and that their sexuality is good.

Conflicts may result in teenagers and adults who have been raised in a religion that does not fully accept human sexuality.

One's religious values can play an important role in sexual decision-making.

Level 4

Some people continue to respect their religious teachings and traditions but believe that some views are not personally relevant.

Partners with very different religious backgrounds may have more difficulty reaching an agreement about their sexual relationship.

Contemporary religious leaders struggle with many issues related to sexuality and reproduction.

Topic 5: Diversity

Subconcept: Our society has a diversity of sexual attitudes and behavior; some people are unfairly discriminated against because of the way they express their sexuality.

Developmental Messages:

Level 1

There are many differences among individuals in the way they think, act, look, and live.

Talking about differences helps people to improve their understanding of each other.

A concept that generalizes the behavior of all members of a group is a stereotype.

All people should receive fair and equal treatment.

People who are different are often treated negatively or unequally.

Level 2
People are sometimes discriminated against because of such sexuality factors as gender, appearance, sexual orientation, family and living arrangements.

Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.

Discrimination limits a society's ability to use the full capabilities of its members.

Discrimination has negative consequences for the individual, group, and society.

Level 3
People should speak up when they encounter discrimination.

There are laws, policies, and procedures that can help someone who is the victim of discrimination.

People should try to understand and celebrate diversity.

Topic 6: Sexuality and the Arts

Subconcept: Erotic images are a common theme in art.

Developmental Messages:

Level 3
Sexual images are depicted in music, art, drama, and literature.

Level 4
The nature of sexual images in art has changed through time.

Erotic images in art reflect society's views about sexuality and help people understand sexuality.

Art with sexual images that reflect a culture's norms may be considered obscene in another cultural context.

Some people try to regulate or eliminate sexual images in art.

There is no evidence that erotic images in the arts cause inappropriate sexual behavior.

Topic 7: Sexuality and the Media

Subconcept: The media have a profound effect on sexual information, values, and behavior.

Developmental Messages:

Level 1
Some of what is on television, in the movies, in books and magazines, and on radio is true and some is not.

Some television commercials try to make people and things look different and better than they really are.

Some television programs and movies are not appropriate for young children.

Level 2
People can refuse to watch and/or listen to anything that offends them.

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No one really looks as perfect in real life as certain actors and actresses appear in the media.

The media often present an unrealistic or negative image of what it means to be male or female, what it means to be in love, and what parenthood and marriages are like.

The media can influence the way people think and behave.

A parent or trusted adult can help when media messages are confusing.

Level 3

Media usually do not portray the positive aspects of sexuality.

Some television shows and movies provide positive models of relationships and sexuality.

Real relationships require more work than is often portrayed in the media.

Teens and adults have a responsibility to help younger children avoid or deal effectively with negative media influences.

It is important to communicate one's reactions to the media about the portrayal of sexual issues.

APPENDIX A

STATE MANDATES ON SEXUALITY EDUCATION AND HIV/AIDS EDUCATION

	MANDATES		RECOMMENDATIONS	
	Sexuality Educ.	HIV/AIDS Educ.	Sexuality Educ.	HIV/AIDS Educ.
Alabama		•	•	
Alaska			•	•
Arizona		•	•	
Arkansas	•	•		
California		•	•	
Colorado			•	•
Connecticut		•	•	
Delaware	•	•		
Dist. of Col.	•	•		
Florida	•	•		
Georgia	•	•		
Hawaii			•	•
Idaho		•	•	
Illinois		•	•	
Indiana		•	•	
Iowa	•	•		
Kansas	•	•		
Kentucky			•	•
Louisiana			•	•
Maine			•	•
Maryland	•	•		
Massachusetts				•
Michigan		•	•	
Minnesota		•	•	
Mississippi				•
Missouri			•	•
Montana			•	•
Nebraska			•	•
Nevada	•	•		
New Hampshire		•	•	
New Jersey	•	•		
New Mexico	•	•		
New York		•	•	
North Carolina		•	•	
North Dakota			•	•
Ohio			•	
Oklahoma		•	•	
Oregon		•	•	
Pennsylvania		•	•	
Rhode Island	•	•		
South Carolina	•	•		
South Dakota		•		
Tennessee			•	
Texas			•	•
Utah	•	•		
Vermont	•	•		
Virginia	•	•		
Washington		•	•	
West Virginia	•	•		
Wisconsin			•	•
Wyoming				
TOTAL	17	34	30	14

A state mandate is a requirement that all school districts provide sexuality education and/or HIV/AIDS education to their students, usually in the form of family life education programs or comprehensive health education. Mandates are usually accompanied by suggested curricula to be implemented at the local level.

Recommendations refer to any provisions by state legislatures or state departments of education, which support sexuality education and/or HIV/AIDS education, but do not require it. While curricula may be suggested, it is left up to the local districts to design and implement such programs.

APPENDIX B

ADDITIONAL INFORMATION ON SEXUALITY EDUCATION

SIECUS, the Sex Information and Education Council of the U.S., provides numerous services to help communities design and implement sexuality and HIV/AIDS programs. Below is a listing of additional resources that are presently available at SIECUS.

Services Available

SIECUS Library Services

With over 4,000 volumes, 7,000 articles, 450 curricula and 150 newsletters and journals, the Mary S. Calderone library and information clearinghouse offers the largest collection of sexuality information and education resources open to the public in the United States. All books and journals are indexed in the SIECUS database which also has access to national databases, including MEDLINE, Ageline, The Exceptional Child Education Resources database and the Computerized AIDS Information Network. Database searches can be ordered by telephone. The library is located at 130 West 42 Street, Suite 2500, New York, N.Y. 10036. Please call SIECUS for the current library schedule of hours.

SIECUS Membership Services

SIECUS members are part of a growing network of professionals and concerned individuals dedicated to promoting the delivery of comprehensive sexuality and HIV/AIDS education and information and to protecting individual sexual rights. Members of SIECUS receive a year's subscription to our bimonthly journal, the *SIECUS Report*, free use of the Mary S. Calderone Library and free searches of the SIECUS database, and a 10% discount on all SIECUS publications and educational consultations.

Technical Assistance

Experienced educators are available to help communities design and implement programs. Initial consultations are provided at no charge.

Publications Available

Sex Education 2000: A Call to Action

In June 1989, SIECUS convened "Sex Education 2000: A National Colloquium on the Future of Sexuality Education", which was cosponsored by eight organizations and attended by more than 65 representatives of national organizations. This report of the colloquium outlines thirteen goals for the next decade and calls for comprehensive sexuality education for all children and youth by the year 2000. $12.

Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education

Designed for parents, administrators, community leaders, teachers and school boards, Part One of this guide offers suggestions on how to develop and maintain community support for sexuality and HIV/AIDS programs. Part Two provides different strategies for responding to the efforts of an organized opposition and Part Three includes the answers to twenty frequently asked questions regarding sexuality and HIV/AIDS education. $18.

SIECUS Position Statements

The SIECUS stance on fifteen major sexuality issues is provided free, with a self-addressed stamped envelope.

Additional publications and annotated bibliographies are also available. Call for a free SIECUS publications catalog.

For more information, contact:
SIECUS, 130 West 42nd Street, Suite 2500, New York, N.Y. 10036
(212) 819-9770

National Coalition to Support Sexuality Education

The following organizations have joined together to assure that children and youth receive comprehensive sexuality education:

Alan Guttmacher Institute
American Association for Counseling and Development
American Association for Marriage and Family Therapy
American Association of School Administrators
American Association of Sex Educators, Counselors and Therapists
American Home Economics Association
American Medical Association
American Nurses Association
American Psychological Association
American Public Health Association
American School Health Association
American Social Health Association
Association for the Advancement of Health Education
Association of Reproductive Health Professionals
Association of State and Territorial Directors of Public Health Education
Astraea National Lesbian Action Foundation
B'nai B'rith Women
Catholics for a Free Choice
Center for Population Options
Child Welfare League of America
Children's Defense Fund
The Coalition on Sexuality and Disability, Inc.
Commission on Family Ministries and Human Sexuality, National Council of Churches
ETR Associates
Girls, Inc.
Hetrick-Martin Institute for Gay and Lesbian Youth
The Institute for Advanced Study of Human Sexuality Alumni Association
Midwest School Social Work Council
National Abortion Rights Action League
National Association of Counties
National Coalition of Advocates for Students
National Council on Family Relations
National Council of State Consultants for School Social Work Services
National Education Association Health Information Network
National Family Planning and Reproductive Health Association
National Gay and Lesbian Task Force
National League for Nursing
National Lesbian and Gay Health Foundation
National Mental Health Association
National Network of Runaway and Youth Services
National Organization on Adolescent Pregnancy and Parenting
National Resource Center for Youth Services
National School Boards Association
National Urban League
Planned Parenthood Federation of America, Inc.
Sex Information and Education Council of the U.S.
Society for Adolescent Medicine
Society for Behavioral Pediatrics
Society for Public Health Education, Inc.
Society for the Scientific Study of Sex
Unitarian Universalist Association
United Church Board for Homeland Ministries
United States Conference of Local Health Officers
United States Conference of Mayors
University of Pennsylvania
Y.W.C.A. of the U.S.A.

SIECUS

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